

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

MEHMET AKSOY,	)	
	)	
Plaintiff,	)	C.A. No. 08-003(GMS)
	)	
v.	)	
	)	
SELECTRUCKS OF AMERICA, LLC,	)	TRIAL BY JURY DEMANDED
a Delaware limited liability company,	)	
	)	
Defendant.	)	

**DECLARATION OF SERVICE**

The undersigned hereby declares, under penalty of perjury, that a copy of his Motion to Withdraw as Counsel for Plaintiff was served on the plaintiff, Mehmet Aksoy, 38 Monroe Street, EA-9, New York NY 10002 by certified mail, return receipt requested on August 5, 2008. Attached hereto as Exhibit "A" is a copy of the receipt received from the US Postal Service at the time of mailing and a copy of the return receipt "green card" indicating that the mailing was claimed by the plaintiff on August 12, 2008.

FERRY, JOSEPH & PEARCE, P.A.

/s/Rick S. Miller  
Rick S. Miller (#3418)  
824 Market Street, Suite 904  
P.O. Box 1351  
Wilmington, DE 19899-1351  
(302) 575-1555  
Attorney for Plaintiff

Dated: August 14, 2008

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
POSTAGE USE	
Postage	\$ 0.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32

Postmark Here: AUG 5 2008

Sent To: Mehmet Emin AKSOY  
 Street, Apt. No., or PO Box No. 38 Monroe St.; EA-9  
 City, State, ZIP+4 New York, NY 10002

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:                      Mehmet Emin AKSOY                      38 Monroe Street                      EA-9                      New York, NY 10002</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Article Number (Transfer from service label) 7001 0320 0003 0008 9513

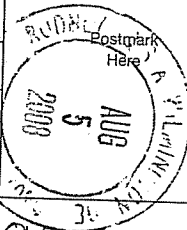
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9515 9000 5000 0250 1002

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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A. Signature ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

